

Amendments to the Claims:

This listing of claims will replace all prior versions, and listings, of claims in the application:

Listing of Claims:

1.-65. (Canceled)

66. (Previously Presented) A method comprising:

removably securing a proximal end of an intubation-tube placement device to a proximal end of an intubation tube with a stopper such that the placement device extends through the intubation tube and a tactile accentuator at a distal end of the placement device extends out of a distal end of the intubation tube;

inserting the distal end of the intubation-tube placement device into a patient's oral cavity;

detecting cartilaginous rings of a trachea via the tactile-accentuator;

forcing the distal end of the intubation-tube placement device through the patient's vocal cords; and

axially sliding the intubation tube along the intubation-tube placement device such that the intubation tube follows the distal end of the intubation-tube placement device through the patient's vocal cords.

67. (Original) The method of Claim 66, wherein said intubation-tube placement device comprises a light source.

68. (Original) The method of Claim 66, wherein said forcing the intubation-tube placement device through the patient's vocal cords comprises:

suctioning materials from a vicinity of the patient's vocal cords via a suction tube formed by the intubation-tube placement device.

69. (Original) The method of Claim 68, wherein the suction tube formed by the intubation-tube placement device comprises:

the intubation-tube placement device forming a hollow tube.

70. (Original) The method of Claim 68, wherein the suction tube formed by the intubation tube placement device comprises:

the intubation-tube placement device forming a hollow tube;

an anti-perforation device having a trailing portion and an exploratory portion;

a channel between the trailing portion and the exploratory portion of said anti-perforation device; and

the trailing portion coupled to said intubation-tube placement device such that the channel substantially aligns with the hollow tube.

71. (Original) The method of Claim 66, wherein said forcing the intubation-tube placement device through the patient's vocal cords comprises:

applying axial pressure along the intubation-tube placement device such that the intubation-tube placement device moves into the patient's trachea.

72.-79. (Canceled)

80. (Previously Presented) An intubation device, comprising:

an intubation placement device having a bendable distal end configured to be introduced through a set of vocal cords;

an intubation tube having a distal and a proximal end; and

a stopper configured to removably secure a proximal end of the placement device to a proximal end of the intubation tube with the placement device extending inside the intubation tube and the distal end of the placement device extending out of the distal end of the intubation tube.

81. (Previously Presented) The intubation device of claim 80 wherein the stopper comprises a rubber stopper having a center hole configured to receive the intubation placement device.

82. (Previously Presented) The intubation device of claim 81 wherein the stopper is configured to be partially received into the intubation tube.

83. (Previously Presented) The intubation device of claim 80 wherein the intubation placement device comprises a hollow tube.

84. (Previously Presented) The intubation device of claim 83, further comprising:
a fiber optic cable configured to extend into the intubation placement device.

85. (Previously Presented) The intubation device of claim 80 wherein the intubation placement device comprises a semi-rigid material.

86. (Previously Presented) The intubation device of claim 85 wherein the intubation placement device comprises a bendable rod.

87. (Previously Presented) The intubation device of claim 80 wherein the intubation placement device comprises a medical-grade polymeric material.

88. (Previously Presented) The intubation device of claim 80 wherein the distal end of the intubation placement device comprises an anti-perforation device.

89. (Previously Presented) The intubation device of claim 80 wherein the distal end of the intubation placement device comprises a tactile-accentuator configured to detect cartilaginous rings of a trachea.

90. (Previously Presented) A method of intubating a patient, comprising:
removably securing a proximal portion of an endotracheal placement device to a proximal end of an intubation tube with a stopper such that the endotracheal placement device extends through the intubation tube and a bendable distal portion of the endotracheal placement device extends out through a distal end of the intubation tube;
subsequently guiding the distal portion of the endotracheal placement device through the patient's vocal cords;
guiding the intubation tube through the patient's vocal cords such that the distal end of the intubation tube follows the distal portion of the endotracheal placement device through the patient's vocal cords; and
subsequently pulling the endotracheal placement device out of the intubation tube, leaving the intubation tube in position in the patient.

91. (Canceled)

92. (Previously Presented) The method of claim 90 wherein subsequently pulling the endotracheal placement device out of the intubation tube comprises twisting the endotracheal placement device and the endotracheal tube in opposite directions to separate the stopper and the endotracheal tube.

93. (Previously Presented) The method of Claim 90 wherein the endotracheal placement device comprises a hollow tube and guiding the endotracheal placement device through the patient's vocal cords comprises:

suctioning materials from a vicinity of the patient's vocal cords.

94. (Previously Presented) The method of claim 90 wherein guiding the distal portion of the endotracheal placement device through the patient's vocal cords comprises:

detecting cartilaginous rings with a tactile-accentuator device coupled to the endotracheal placement device.

95. (Previously Presented) The method of claim 90 wherein the intubation tube comprises a wall, further comprising:

providing a plurality of ventilation holes along the wall in the portion of endotracheal tube that follows the endotracheal placement device.

96. (Previously Presented) An intubation device, comprising:
an intubation tube having a distal end and a proximal end;
an endotracheal placement device having a semi-rigid distal end configured to pass through vocal cords and into a trachea; and
a stopper configured to removably secure a proximal end of the endotracheal placement device to the proximal end of the intubation tube with the placement device extending through the intubation tube and the distal end of the endotracheal placement device extending out of the distal end of the intubation tube.

97. (Previously Presented) The intubation device of claim 96 wherein:
the stopper comprises a rubber stopper having a hole;
the stopper is configured to frictionally receive the endotracheal placement device in the hole; and
the proximal end of the intubation tube is configured to partially receive the stopper.

98. (Previously Presented) The intubation device of claim 96 wherein the stopper comprises a detachable portion of the proximal end of the intubation tube.

99. (Previously Presented) The intubation device of claim 96 wherein the proximal end of the endotracheal placement device extends out of the proximal end of the intubation tube.

100. (Previously Presented) The intubation device of claim 96 wherein the endotracheal placement device comprises a semi-rigid rod.

101. (Previously Presented) The intubation device of claim 96 wherein a tip of the distal end of the intubation tube has a rounded shape.

102. (Previously Presented) The intubation device of claim 101 wherein the tip of the distal end of the intubation tube has an opening having a diameter approximately equal to a diameter of the endotracheal placement device.

103. (Previously Presented) The intubation device of claim 102 wherein a portion of a wall of the intubation tube adjacent to the distal end of the intubation tube has a plurality of ventilation openings.

104. (Previously Presented) The intubation device of claim 96 wherein a tip of the distal end of the intubation tube is tapered.

105. (Previously Presented) The intubation device of claim 104 wherein the tip of the distal end of the intubation tube is configured to taper to approximately a diameter of the distal end of the endotracheal placement device.

106. (Previously Presented) The intubation device of claim 105 wherein a portion of a wall of the intubation tube adjacent to the distal end of the intubation tube has a plurality of ventilation openings.

107. (Previously Presented) The intubation tube of claim 96 wherein a portion of a wall of the intubation tube adjacent to the distal end of the intubation tube has a plurality of ventilation openings.

108. (Previously Presented) The intubation tube of claim 107 wherein the intubation tube comprises an inflatable cuff and the plurality of ventilation openings are located on the wall between the distal end of the intubation tube and the inflatable cuff.

109. (Previously Presented) An intubation device, comprising:
means for introducing the intubation device through vocal cords; and
a stopper configured to secure a proximal end of an intubation tube to a proximal end of the means for introducing with the means for introducing extending through the intubation tube and a distal end of the means for introducing extending out of a distal end of the intubation tube.

110. (Previously Presented) The intubation device of claim 109 wherein the means for introducing comprises an intubation placement device.

111. (Previously Presented) The intubation device of claim 109 wherein the stopper comprises a rubber stopper configured to frictionally secure the means for introducing.

112.-120. (Canceled)

121. (Previously Presented) The intubation device of claim 98 wherein the intubation tube comprises a perforated border configured to facilitate detaching the detachable portion from the proximal end of the intubation tube.

122. (Previously Presented) The method of claim 90 wherein pulling the endotracheal placement device out of the intubation tube comprises:

breaking a perforated border adjacent to the proximal portion of the intubation tube.

123. (Previously Presented) The intubation device of claim 80 wherein the stopper comprises a detachable portion of the proximal end of the intubation tube.

124. (Previously Presented) The intubation device of claim 123 wherein a border of the detachable portion is perforated.

125. (Canceled)

126. (Previously Presented) The method of claim 66, further comprising: breaking a perforated border along a portion of the intubation tube.

127. (Previously Presented) The intubation device of claim 80 wherein the stopper is configured to facilitate positioning of the distal end of the placement device as it is introduced through the set of vocal cords.

128. (Previously Presented) The method of claim 66 wherein, securing the intubation-tube placement device to the intubation tube comprises inserting the placement device into a hole in the stopper and inserting the stopper into the intubation tube; and

inserting the distal end of the intubation-tube placement device into the patient's oral cavity comprises manipulating the intubation-tube placement device by manipulating the stopper.

129. (Previously Presented) The method of claim 66 wherein,

securing the intubation-tube placement device to the intubation tube comprises using mechanical friction to hold the placement device in position in the intubation tube.

130. (New) The method of claim 66 wherein the tactile accentuator comprises a tactile accentuator flap.

131. (New) The intubation device of claim 89 wherein the tactile-accentuator configured to detect cartilaginous rings of a trachea comprises a tactile accentuator flap.